

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		10/766,173-Conf. #4427
	Filing Date		January 28, 2004
	First Named Inventor		John E. Ahern
	Title	DEVICES AND METHODS FOR TREATING TISSUE	
	Art Unit	3774	
	Examiner Name	W. H. Matthews	
Attorney Docket No.		B0953.70003US00	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23628

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Jean F. Miller</i>	Date	March 25, 2008
Name	Jean F. Miller	Telephone	908-277-8000
Title and Company Authorized Signer, C.R. Bard, Inc., Assistant Secretary			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: March 31, 2008

Signature: Christine Doyle (Christine Doyle)